MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

★ 07876

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg

(If outside city of town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

Morris Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No. Morris Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME William S. Brophy

3.(b) Social Security Number 114-05-6803

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Ethel B. Brophy

6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) November 23, 1881

8. AGE:

Years	Months	Days	If less than one day
64	8	24	...hrs. ...min.

9. Birthplace Montreal, Canada (Town, county, and state)

10. Usual occupation General Manager Maryland Plastics Inc.

11. Industry or business Manufacturer

FATHER

12. Name Thomas Brophy

13. Birthplace Canada

MOTHER

14. Maiden name Elizabeth Cook

15. Birthplace Philadelphia Pennsylvania

16. Informant Mrs. Ethel B. Brophy

Address Federalsburg, Maryland

17. Cremation (Burial, cremation, or removal. Which?) Date thereof August 20 1946 (month) (day) (year)

Cemetery or crematory Fort Lincoln Crematorium

Location Bladensburg, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. August 17 1946 (Date rec'd by registrar) S. S. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1946, at 2:40 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 12 1946 to Aug 17 1946

aed that I last saw h..i..M.. alive on Aug 17 1946

Immediate cause of death — DURATION

Carcinoma of Sigmoid 8 months

c. generalized metastasis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank M. Anderson M.D.

M. D. or other

Address Federalsburg Md. Date signed 8/17/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

07877

Reg. Diat. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Rural Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Rural Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5 mi. S.E. Denton

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Carolyn F. Cusick

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

6.(b) Name of husband or wife: Francis A. Cusick

6.(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): October 21, 1889

8. AGE:

Years	Months	Days	If less than one day
56	10	8	hrs. min.

9. Birthplace: Stapleton, Staten Island, New York

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Peter Adalno

13. Birthplace: Germany

MOTHER

14. Maiden name: Unknown

15. Birthplace: Germany

16. Informant: Francis A. Cusick

Address: R.D. #2, Denton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 1, 1946 (month) (day) (year)

Cemetery or crematory

Location: Staten Island

18. Funeral director: J. Virgil Somerson

Address: Denton, Maryland

19. 8-30 1946 (Date rec'd by registrar) M.D.A. Geus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 29, 1946, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20, 1946, to Aug. 29, 1946

and that I last saw h[illegible] alive on Aug. 27, 1946

Immediate cause of death: Coronary Thrombosis — DURATION: Sudden

Due to: Coronary vascular disease

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Kent Leeds M.D. M. D. or other

Address: Queen Anne Md. Date signed: 8/30

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Evidence for change of date deceased was last seen is shown on FILM No. I 07 OCT 18 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

CERTIFICATE OF DEATH

Reg. Dist. No. 07878

1. PLACE OF DEATH:
County: Caroline
City or town: Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 26 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Earl Roy Kleaner

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Anna
6.(c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): Feb. 24 - 1894

8. AGE: Years 52 | Months 5 | Days 17 | If less than one day: hrs. min.

9. Birthplace: Springhope Penna. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: David H. Kleaner
13. Birthplace: Springhope Penna

MOTHER 14. Maiden name: Ida Smith
15. Birthplace: Springhope Penna.

16. Informant: Mrs. Anna Kleaner
Address: Greensboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/13/46 (month) (day) (year)
Cemetery or crematory: Greensboro
Location: Greensboro, Md.

18. Funeral director: Raymond B. Rawlings
Address: Greensboro, Md.

19. Aug. 12 1946 (Date rec'd by registrar) L. MacLeppine Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 10 1946, at 10:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 1942, to Aug 10 1946
and that I last saw him alive on Aug 10 1946

Immediate cause of death	DURATION
Cerebral Hemorrhage	8/10/46
Due to Thrombosis to Jenal Perforare	4 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Clarke H. Crawford M.D. M.D. or other
Address: Greensboro Md. Date signed: Aug 11 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07879

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
County: Caroline
City or town: Denton Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Denton Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Owen Nicholas Dulin

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Gertrude
6.(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Jan. 9 1873

8. AGE: Years	Months	Days	If less than one day
73	7	8	hrs. min.

9. Birthplace: Maryland (Town, county, and State)
10. Usual occupation: Carpenter
11. Industry or business:

FATHER
12. Name: William Dulin
13. Birthplace: No Record

MOTHER
14. Maiden name: Julia McGinney
15. Birthplace: Va.

18. Informant: Rawlings Dulin
Address: Millmont Park, Penna.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/20/46 (month) (day) (year)
Cemetery or crematory: Greensboro
Location: Greensboro, Md.

18. Funeral director: Raymond B. Rawlings
Address: Greensboro, Md.

19. 8/19 1946 (Date rec'd by registrar) M.D.C. Jump Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 17 1946, at 6:05 P.M.

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from May 1946, to Aug 17 1946
and that I last saw h.... alive on Aug 17 1946

	DURATION
Immediate cause of death	
Due to: Cerebral Hemorrhage	10 days
Due to: Chronic Bronchitis	5 yr
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Thurston D. Temple M. D. or other
Address: Denton Date signed: 8/19/46

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age of deceased is shown on FILM No. I 06 AUG 30 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07880

Reg. Dist. No. 61

1. PLACE OF DEATH:
County: Caroline
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 27 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) Ll veteran, name war

3. (a) FULL NAME: Annie Edwards

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	White	Widowed

B.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 21-1870

8. AGE:

Years	Months	Days	If less than one day
75 76	7	23	..... hrs. ..... min.

9. Birthplace: Greensboro Caroline Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: John Baynard
13. Birthplace: Maryland
MOTHER 14. Maiden name: Mary Ann Heard
15. Birthplace: Maryland
16. Informant: Mrs. Pearl Turner
Address: Greensboro Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/16/46 (month) (day) (year)
Cemetery or crematory: Greensboro
Location: Greensboro Md.
18. Funeral director: Raymond B. Rawlings
Address: Greensboro, Md.
19. Aug 15 1946 (Date rec'd by registrar) L. Mac Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 13 1946 at 1155 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12 1946 to Aug 13 1946
and that I last saw h.e.r. alive on Aug 13 1946
Immediate cause of death: Chronic Myocarditis

	DURATION
Due to	
Due to	
Other conditions: Pul. Tuberculosis	

(Include pregnancy within 3 months of death)

Major findings of operation: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: Clark W. Thompson M.D.
M. D. or Coroner
Address: Greensboro Md Date signed Aug 14 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

07881

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
County Caroline
City or town Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 26 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Sarah Elizabeth Jester

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife
8.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 17, 1873

8. AGE: Years 73 | Months 6 | Days 24 | If less than one day ..... hrs. ..... min.

8. Birthplace Delaware
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name William Waters
13. Birthplace Delaware
MOTHER 14. Maiden name Sarah Andrews
15. Birthplace Delaware
16. Informant Lee Jester
Address Denton, Maryland
17. Burial Date thereof Aug 13, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Denton
Location Denton, Maryland
18. Funeral director L. Virgil Moore & Son
Address Denton, Maryland
19. 8/12 1946 Mrs D C George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 10, 1946, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Due to Cardiac Arteriosclerosis	Sudden
Due to Chronic Myocarditis	12 Mos
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dawson V George M.D.
Deputy Medical Examiner
Address Denton Date signed 8/12/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186)

CERTIFICATE OF DEATH

★ 017882

Reg. Diat. No. 64

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 years

Hospital, Institution, or street address where death occurred:
Academy Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Federalsburg
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Liberty Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Lena Jones

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Isaiah Jones

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): September 27, 1878

8. AGE:	Years	Months	Days	If less than one day
	67	10	14	...hrs. ...min.

9. Birthplace: Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Home

FATHER
12. Name: William Hurlock
13. Birthplace: Dorchester County, Maryland

MOTHER
14. Maiden name: Mahaley Thomas
15. Birthplace: Dorchester County, Maryland

16. Informant: Thurston Jones
Address: Federalsburg Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: August 13, 1946 (month) (day) (year)

Cemetery or crematory: Hill Crest Cemetery

Location: Federalsburg, Maryland

18. Funeral director: J. J. Frampton and Son

Address: Federalsburg, Maryland

19. August 12 1946 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 11 1946 at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 27 1946, to Aug 11 1946, and that I last saw her alive on Aug 11 1946.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	Aug 9 '46
Due to: Arteriosclerosis	
Due to: Accidental fall. Cause	
Other conditions: Fracture R. H. femur	
(Include pregnancy within 3 months of death)	

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident. Date of May 27th, 1946.

Where did injury occur? Federalsburg (City or town) Caroline (County) Maryland (State)

Injured at home, farm, industry, public place (where?): at home.

Means of injury: Accidental fall. Injured at work?

23. SIGNATURE: W. L. Lennon M.D.
M. D. or other

Address: Federalsburg Md. Date signed: 8-12-46

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I) MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

07883

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:
County: Caroline
City or town: Greensboro (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 Months
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Queen Annes
City or town: Near Ridgely (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: George C. Luff

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Anna
6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): May 18 1871

8. AGE: Years	Months	Days	If less than one day
75	2	24	hrs. min.

9. Birthplace: Greensboro Caroline Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: George Luff
13. Birthplace: Unknown
MOTHER 14. Maiden name: Edwards
15. Birthplace: Unknown
16. Informant: Mrs. Sarah Jacobs
Address: Greensboro Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8/15/46 (month) (day) (year)
Cemetery or crematory: Greensboro
Location: Greensboro, Md.
18. Funeral director: Raymond B. Rawlings
Address: Greensboro, Md.
19. Aug. 14 1946 (Date rec'd by registrar) L. Mae Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 11 1946 at 1150 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 11 1946 to Aug 11 1946 and that I last saw him alive on Aug 11 1946

Immediate cause of death	DURATION
Coronary Occlusion	8/11/46
Due to Arteriosclerotic C.V. Disease	
Due to	
Other conditions Diabetes Mellitus	"

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Clark K. Howard M.D. M.D. or Coroner
Address: Greensboro Md. Date signed: Aug 11 1946

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

CERTIFICATE OF DEATH

Reg. Diat. No. 17884 46

1. PLACE OF DEATH:

County Caroline

City or town Ridgely (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Months

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DEceased:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Greensboro Rural (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Joseph Roy

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	C.	Married

6.(b) Name of husband or wife Rosa

6.(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) June 23, 1890

8. AGE: Years 56 Months 1 Days 14 If less than one day hrs. min.

9. Birthplace Greensboro Caroline Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Mott Roy

13. Birthplace Maryland

MOTHER 14. Maiden name Rebecca Earl

15. Birthplace Maryland

16. Informant Rosa Roy

Address 740 Brooklyn St. Phila.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/9/46 (month) (day) (year)

Cemetery or crematory West Denton

Location Denton Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro Md.

19. Aug 8 1946 (Date rec'd by registrar) J. D. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1946, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 1946, to Aug. 6 1946 and that I last saw h[illegible] alive on Aug. 5 1946.

	DURATION
Immediate cause of death	
Chronic Nephritis	
Due to.	
Chronic Myocarditis	
Due to.	
Other conditions Chronic Myocarditis	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jack N. Greenfield M. D. M. D. or other

Address Greensboro Md. Date signed Aug 9 1946

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

Evidence for change of age of deceased is shown on FILM No. I 06 AUG 26 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

07885

Reg. Dist. No. 61

1. PLACE OF DEATH:
County: Caroline
City or town: Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 Min.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Delaware County:
City or town: Dover
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: John A. Shultis

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Francis
6.(c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.): Aug. 13 - 1909

8. AGE: Years 35 36 | Months 11 | Days 29 | If less than one day: hrs. min.

9. Birthplace: Felton Del. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: John A. Shultis
13. Birthplace: Del.

MOTHER
14. Maiden name: Mrs. Killen
15. Birthplace: Felton Del.

16. Informant: Mrs. John Shultis
Address: Greensboro

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/13/46 (month) (day) (year)
Cemetery or crematory: Mt. Olive
Location: Near Goldsboro, Md.

18. Funeral director: Raymond B. Rawlings
Address: Greensboro, Md.

19. Aug 13 1946 (Date rec'd by registrar) L. Mae Pepper Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 11 19 46 at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death	
Due to: Fractured Skull -	Sudden
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 8/11/46
Where did injury occur? Greensboro Caroline Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?): Farm
Means of injury: Walks into airplane propeller Injured at work? no

23. SIGNATURE: Dawson & George M. D. or other
Address: Dover Date signed 8/13/46

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

CERTIFICATE OF DEATH

17886

Reg. Dist. No. 62

1. PLACE OF DEATH

County: Caroline

City or town: Rural / Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? + yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Rural / Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Mary Smith

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	widowed

6.(b) Name of husband or wife

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1899

8. AGE: Years 47 | Months 6 | Days 1 | If less than one day hrs. min.

9. Birthplace Near Denton, Caroline Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John H. Mason
13. Birthplace Md.

MOTHER
14. Maiden name Sarah Mason
15. Birthplace Md.

16. Informant Sarah Mason
Address Denton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 6, 1946 (month) (day) (year)

Cemetery or crematory Bells Chapel

Location Near Denton

18. Funeral director J. Virgil Moore Son

Address Denton, Maryland

19. 8/6 1946 (Date rec'd by registrar) Wm D. Gage Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1946, at 10:30 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 14 1946, to Aug 1 1946

and that I last saw h[er] alive on July 28 1946

Immediate cause of death	DURATION
Myocarditis	8 mos.
Due to Hypertensive Heart disease	8 mos.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul Watts M.D.
M. D. or other

Address Denton Md Date signed 8/6/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (37-0)

CERTIFICATE OF DEATH

★ 07887 Reg. Diat. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Near Hickman, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Near Hickman, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Filbert Allen Stevens

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) April 4 1881

8. AGE: Years 65 | Months 3 | Days 24 | If less than one day: hrs. ... min.

9. Birthplace: Hickman, Caroline, Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER — 12. Name: John Stevens

13. Birthplace: Md.

MOTHER — 14. Maiden name: Sallie Bigmott

15. Birthplace: Md.

16. Informant: Charles Stevens

Address: Hickman, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 4, 1946 (month) (day) (year)

Cemetery or crematory: Concord

Location: Concord, Md.

18. Funeral director: C. Virgil Masterson

Address: Denton, Md.

19. 8/3 1946 (Date rec'd by registrar) Mr D O Gunby Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 3 1946, at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1946, to Aug 3 1946

and that I last saw h. alive on Aug 2 1946

Immediate cause of death	DURATION
Prostatic enlargement, cyst.	
Due to Uremia	2 days
Due to Peritonitis (Pelvic)	2 wks.
Other conditions Bronchitis	10 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dawson O Young M. D. or other

Address Denton Date signed 8/3/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (406)

07888

CERTIFICATE OF DEATH

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Denton - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 months

Hospital, Institution, or street address where death occurred:
Near Hobbs

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Denton - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Hobbs
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Charles C. Trice

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife Stella Trice

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) October 15, 1883

8. AGE:

Years	Months	Days	If less than one day
62	10	3	...hrs. ...min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Hutchinson Trice

13. Birthplace Caroline County, Maryland

MOTHER
14. Maiden name Susie Butler

15. Birthplace Caroline County, Maryland

16. Informant Mrs. Maude G. Willoughby

Address Denton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof August 20 1946 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg Maryland

19. 8/19 1946 Mrs. O. Jeanes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1946 at 3 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 6 1946 to Aug 18 1946 and that I last saw h...alive on Aug 17 1946

Immediate cause of death Carcinoma of stomach — DURATION 1 yr

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of stomach

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE Chas. N. Stonesifer M. D. or other

Address Greensboro Md Date signed Aug 18 1946